

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.

FILING DATE

APPLICANT(S)

2-23-04

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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50					
TOTAL IND.		↓		↓	↓
TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS					

2-23-04*		*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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99					
100					
TOTAL IND.		↓		↓	↓
TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830357

FILING DATE

APPLICANT(S)

2-23-09 cont

CLAIMS

NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4	↓		↓
TOTAL DEP.	5	↓	↓	↓
TOTAL CLAIMS	9			

*	*	*
IND.	DEP.	IND.
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100		
TOTAL IND.	↓	
TOTAL DEP.	↓	↓
TOTAL CLAIMS	↓	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS